

1.) CORPORATION NAME:

DUE DATE: **10/29/2010**

**GE Commercial Finance Business Property Corporation**

SCC ID NO: **F0440448**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6464 185TH AVENUE NE  
SUITE 100

CITY/ST/ZIP: REDMOND, WA 98052-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

☐

DIRECTOR

NAME: JORGE E FLOREZ  
TITLE: VICE PRESIDENT  
ADDRESS: 10900 NE 4TH ST STE 500  
CITY/ST/ZIP/CO: BELLEVUE, WA 98004-

☒

OFFICER

☐

DIRECTOR

NAME: STEWART B KOENIGSBERG  
TITLE: TREASURER  
ADDRESS: 901 MAIN AVENUE  
CITY/ST/ZIP/CO: NORWALK, CT 06851-

☒

OFFICER

☐

DIRECTOR

NAME: BILL MOORE  
TITLE: SECRETARY  
ADDRESS: 10900 NE 4TH ST  
STE 500  
CITY/ST/ZIP/CO: BELLEVUE, WA 98004-

☒

OFFICER

☐

DIRECTOR

NAME: STEWART B. KOENIGSBERG  
TITLE: VICE PRESIDENT  
ADDRESS: 901 MAIN AVENUE  
CITY/ST/ZIP/CO: NORWALK, CT 06851-

☒

OFFICER

☒

DIRECTOR

NAME: GREG VIECELI  
TITLE: PRESIDENT  
ADDRESS: 6464 185TH AV NE  
SUITE 100  
CITY/ST/ZIP/CO: REDMOND, WA 98052-

NAME:	SUZANNE R SARTORI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	635 MARYVILLE CENTRE DR SUITE 120		
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63141-		
NAME:	LLOYD R WORTHEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	10900 NE 4TH ST STE 500		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98004-		
NAME:	ALEC BURGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	901 MAIN AVE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851-		
NAME:	MICHAEL G. ROWAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851-		
NAME:	AMY J AYALA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851-		
NAME:	PATTIE ALLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE SUITE 120		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	BARBARA ATKINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE SUITE 120		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	JEFF CARPENTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	333 CLAY STREET SUITE 4550		
CITY/ST/ZIP/CO:	HOUSTON, TX 77002-		
NAME:	TOM CLANCY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	516 VIRGINIA DR		
CITY/ST/ZIP/CO:	FT WASHINGTON, PA 19034-		

NAME:	DICK COSTELLO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	333 CLAY STREET SUITE 4550		
CITY/ST/ZIP/CO:	HOUSTON, TX 77002-		
NAME:	CAROL L COWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE SUITE 120		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	JERRY DILLINGHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	333 CLAY STREET SUITE 4550		
CITY/ST/ZIP/CO:	HOUSTON, TX 77002-		
NAME:	WILLIAM R DUFFEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	635 MARYVILLE CENTRE DR SUITE 120		
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63141-		
NAME:	MICHAEL T FOSTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE SUITE 100		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	TERRENCE W GRAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE SUITE 100		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	GARY GRISWOLD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE SUITE 100		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	VICKI HUYNH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE SUITE 100		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	CARL G JACOBSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MONROE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60661-		

NAME:	TOM JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851-		
NAME:	STEPHEN J KAISER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE SUITE 100		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	STEVE LITTLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE SUITE 100		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	ROSS MCFADDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE SUITE 100		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	DOUGLAS MCKAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10550 BARKLEY ST		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66212-		
NAME:	DOUG MISNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE SUITE 100		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	JOHN MONAHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE SUITE 100		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	WILLIAM P MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE SUITE 100		
CITY/ST/ZIP/CO:	REDMOND, WA 98052-		
NAME:	SUZANNE R SARTORI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	635 MARYVILLE CENTRE DR		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63141-		

NAME:	JULIA SILVERSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MONROE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60661-		
NAME:	ELLEN WOODHAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052-		
NAME:	SHANNAN WOOTEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052-		
NAME:	TODD V JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8337 E. HARTFORD DR		
CITY/ST/ZIP/CO:	SUITE 200 SCOTTSDALE, AZ 85255-		
NAME:	KELLY HALLFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8377 E. HARTFORD DR		
CITY/ST/ZIP/CO:	SUITE 200 SCOTTSDALE, AZ 85255-		
NAME:	AIMEE J KNOLLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851-		
NAME:	CAROLYN CRAFT MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8337 E. HARTFORD DR		
CITY/ST/ZIP/CO:	SUITE 200 SCOTTSDALE, AZ 85255-		
NAME:	GREG R NIELSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8337 E. HARTFORD DR		
CITY/ST/ZIP/CO:	SUITE 200 SCOTTSDALE, AZ 85255-		
NAME:	LUCY RODRIGUEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN AMATO ASST TREASURER 800 LONG RIDGE RD STAMFORD, CT 06927-	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA M FIAMMETTA ASST TREASURER 800 LONG RIDGE RD STAMFORD, CT 06927-	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH E KEMPSON ASST TREASURER 3001 W RADIO DRIVE FLORENCE, SC 29501-	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY P LANE ASST TREASURER 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E MALITZ ASST TREASURER 12 CORPORATE WOODS BLVD ALBANY, NY 12211-	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ AMY J AYALA		AMY J AYALA, ASST SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			